Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD **CONFIDENCE BUILDERS** RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report by Rick Benton, Greg Williams, & Robin Fay A Biennial follow-up survey was conducted on October 7, 2015 from 10:30am to 11:30am at the above referenced facility. Several listed deficiencies remain uncorrected from the May 7. 2015 Biennial survey. There are also new deficiencies from the October 7, 2015 Biennial follow-up survey that will be addressed in this report. At the time of our visit, new and uncorrected deficiencies will require another Plan of Correction. They are as follows: {C 143} Corridor-Free of Obstructions {C 143} SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having corridors that contain uneven floors and transitions. This would effect all residents by exposing them to tripping hazards and hampering free egress in an emergency. Findings include: The back corridor floor is uneven, and has multiple transitions creating a tripping hazard. \* 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the hallway/utility floor was spongy, not level and had drop offs at the entrance to the

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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		FCL066014	B. WING		10/0	7/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CONFIDI	ENCE BUILDERS	1516 TYLI RICH SQL	ER ROAD JARE, NC 2'	7869		
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{C 143}	Continued From pa		{C 143}			
	hallway, in the hallway midsection, at both bedroom doors and at the bathroom door. It appears there may be some moisture present due to the discoloration on the floor tile and the sponginess of the floor. Contact a qualified technician to remove the existing floor covering and subfloor to expose the floor joist, remove the rear exit door and frame, and check the condition of the sill plate. Any rotted sill sections must be replaced. Remove the damaged sections of floor joists and replace the damage floor joists using new wood. Ensure the joists are braced and level. Install a subfloor and secure it to the joists. Install a new door, frame and threshold. Install the finished floor with a non-skid type floor covering. The hallway/utility floor must be built up to create a level transition from the living room into the hallway/utility area and into the bedrooms and the bathroom. Provide to our office copies of any material purchase receipts and pictures that will verify the completed work.					
{C 147}		Exits-Single Hand Motion	{C 147}			
	AND EXITS (d) All exit door loo by a single hand me times without keys.	cks shall be easily operable, otion, from the inside at all Existing deadbolts or turn le of exit doors shall be				
	was not maintained doors that could no	et as evidenced by: vation, egress from all areas I in a safe manner by having t be opened in a single hand I effect all residents by not				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED		
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CONFIDI	ENCE BUILDERS	1516 TYLI RICH SQL	ER ROAD JARE, NC 2	7869		
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{C 147}	Continued From pa	ge 2	{C 147}			
	allowing free egress	s in an emergency.				
	Findings include: a. The front door has a knob that is not single motion  * 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the front door had a deadbolt and a single motion door knob installed. However, further observation revealed that the strike plate for the single motion was covered with a strip of cardboard. The deadbolt and the strike plate remained usable. Contact a qualified technician to remove the cardboard from the single motion strike plate. Remove the deadbolt and strike plate and install a deadbolt cover plate and a strike plate cover over the existing openings. Provide to our office copies of any material purchase receipts and pictures that will verify the completed work.					
{C 153}	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	15 HOUSEKEEPING AND	{C 153}			
		keep the walls and ceilings in ng exterior trim and interior				

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING \_ FCL066014 10/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1516 TYLER ROAD **CONFIDENCE BUILDERS** RICH SQUARE, NC 27869 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 153} Continued From page 3 {C 153} Findings include: e) exterior vinyl damage at kitchen. \* 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the vinyl siding on the left side of the home under the kitchen window has two holes. Contact a qualified technician to make the necessary corrections. Provide to our office pictures that will verify the completed work. {C 174} Building Equipment Maintained Safe, Operating {C 174} SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 4. Based on observation, the building components provided to slow down the spread of smoke have not been maintained. Findings include: a) Bathroom door scrubs frame and will not close and latch, \* 10/9/15 - RB/GW/RF - This deficiency remains uncorrected. During the follow up survey, it was observed that the bathroom door was scrubbing at the top of the door frame making it difficult to open and close. Contact a qualified technician to make the necessary corrections. Provide to our

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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{C 174}	Continued From pa	ge 4	{C 174}			
	office pictures that	will verify the completed work.				
	NEW DEFICIENCIE	ES				
	The following new of the follow up visit of	deficiencies were found during n 10/7/15.				
	1) During the follow up survey, it was observed that the Kitchen range hood did not have an approved fan filter attached. Arrange to purchase an approved fan filter and have it installed on the range hood fan. Provide to our office copies of the receipt for the purchase of the range hood filter and a picture for verification of the installation.					
	that the kitchen ligh attached. Arrange on the fixture. Prov	v up survey, it was observed t fixture had no globe to purchase and install a globe ide to our office copies of the hase of the globe and a picture e installation.				
	that the middle residueling stains. Confi make the necessar	w up survey, it was observed dent bedroom had several act a qualified technician to y corrections. Provide to our will verify the completed work.				
	that the hallway wal door was damaged technician to make	v up survey, it was observed I to the left of the entrance Contact a qualified the necessary repairs to the office pictures that will verify				
	that the smoke dete	v up survey, it was observed ector in the first bedroom on ay was chirping. Check all teries and replace as				

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CONFID	ENCE BUILDERS		JARE, NC 2	7869			
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{C 174}	Continued From pa	ge 5	{C 174}				
	necessary.						
	Continued From page 5 necessary.  6) During the follow up survey, an observation of the attic space revealed a combination heat and smoke detector. This type of heat detector is incorrect as it is hardwired, has a temperature rating of 135 degrees and not connected to a dedicated low voltage sounding device. The required heat detector must have a temperature rating of at least 194 degrees. Contact a qualified technician to make the necessary corrections to the device. Provide to our office copies of the receipt for the purchase of the heat detector and sounding device and a picture of the installation for verification of the completed work.  7) During the follow up survey, it was observed that on the right edge of the roof, there were several missing shingles. Contact a qualified technician to make the necessary repairs to the roof. Provide to our office pictures that will verify the completed work.  8) During the follow up survey, an observation of the ramp deck revealed that from the back exit door approximately 4 to 5 feet of the ramp deck is sloping downward towards the home. The ramp will have to be adjusted upward to create a landing due to the repairs of the interior hallway floor and the exterior door frame height being reset. Also, it was observed that the ramp has three sections of the deck boards that have nails that have extruded from the support joists. Contact a qualified technician to make the necessary repairs to the ramp deck. Provide to						
	necessary repairs t						

9) During the follow up survey, it was observed
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
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NAME OF F	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1516 TYLER ROAD						
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{C 174}	Continued From pa	ge 6	{C 174}				
(C 174)	that a section of vin lower corner (living loose. Contact a qu	yl siding on the right side room side) of the home is ualified technician to make the Provide to our office pictures	{C 174}				
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